

**OFFICE OF MINORITY HEALTH
FY 2007 HIV/AIDS HEALTH PROMOTION AND EDUCATION PROGRAM**

PROJECT PROFILE

1. **APPLICANT ORGANIZATION:**
2. **PROJECT DIRECTOR:**
3. **ADDRESS:**
4. **CITY:** _____ **STATE:** _____ **ZIP CODE:** _____
5. **PHONE:** _____ **FAX:** _____
6. **E-Mail/Internet:** _____
7. **PROJECT TITLE:** _____
8. **Type of Organization:** _____ National Private, Non-Profit addressing health and human services
National Private, Non-Profit Sub-type: : _____ Faith-Based _____ Tribal Organization
9. **National Minority-serving Organization with history of service to racial/ethnic populations (Page_____)**
10. **Collaborative Partnership with at least 2 Institutions of Higher Education with a history of service to minority populations (Page_____)**
11. **Collaborative Partnerships (sub-types):** _____ (Indicate number)
 _____ Historically Black Colleges and Universities (HBCU) _____ Urban _____ Rural
 _____ Hispanic Serving Institutions (HSI) _____ Urban _____ Rural
 _____ Tribal Colleges and Universities (TCU) _____ Urban _____ Rural
 _____ Other accredited minority-serving post-secondary institutions _____ Urban _____ Rural
12. **Applicant Project Results:** (Identify at least 2 expected for your project)
 _____ Increased awareness of health disparities, relative to HIV/AIDS among minorities.
 _____ Improved patient-provider interaction.
 _____ Improved cultural, linguistic and literacy competency.

Check all that apply for the proposed project. Projected numbers are to be inserted in the corresponding columns provided.	Projected Number of individuals to receive services on college campuses by year.			Projected Number of participants to be trained, if applicable, by year.		
	YR 01	YR 02	YR 03	YR 01	YR 02	YR 03
<u>Racial/Ethnic Groups</u> _____ American Indian/Alaska Native _____ Asian _____ Black/African American _____ Hispanic/Latino _____ Native Hawaiian or Other Pacific Islander _____ Other (specify): _____ Identify Subpopulation(s) (e.g., Samoan): _____						
<u>Gender</u> _____ Male _____ Female						
<u>Age Group</u> (Complete age range) _____ Adolescents (_____ to _____) _____ Adults (_____ to _____) _____ Elderly (_____ to _____)						

